

**NOTICE OF “DEEMED CONSENT”
FOR HIV, HpB, AND Hpc TESTING**

As a health care provider, we are required by Section 32.1-45.1 of the Code of Virginia (1950) as amended, to give you the following notice:

If one of your health care professionals, workers, or employees should be directly exposed to your blood or body fluids in a way that may transmit disease, your blood will be tested for infection with human immune deficiency virus (“HIV, the “AIDS” virus) and for the presence of the hepatitis B and hepatitis C viruses. A physician or other health care provider will tell you and that person the result of the test, and provide counseling, if necessary.

If you should be directly exposed to blood or body fluids of one of our health care professionals, workers, or employees in a way that may transmit disease, that person’s blood will be tested for infection with human immune deficiency virus (“HIV”, the “AIDS” virus) and the presence of hepatitis B and hepatitis C viruses. A physician or other health care provider will tell you and that person the result of the test, and provide counseling, if necessary.

In other than emergency situations, it shall be the responsibility of VRCBVI to inform clients of this provision prior to providing them with services, which create a risk of exposure.

The Notice of Deemed Consent for Testing has been explained to me, I have received a copy and I accept the terms. (For clients under age 18, the responsible party’s signature authorizes any necessary testing).

Signature

Date

Staff Signature

Date

EMERGENCY CONTACT:

Name: _____

Phone: _____

ALLERGIES:

Food/Medications: _____